MAR 0 4 2005

CHANGE OF Serial No: 10/753,073 **CORRESPONDENCE ADDRESS** Filing Date: 1/8/2004 First Named Inventor: **PARIS Application** Group Art Unit: 1614 Commissioner of Patents Examiner: PO Box 1450 Alexandria, VA 22314-1450 04000CIP Attorney Docket No: Fax (703)872-9306

Please change the Correspondence Address for the above identified patent application to:	
OR:	
Firm or Individual Name	
Address	
Address	
City	State Zip
Country	
Telephone	Fax
I am the: ☐ Applicant/Inventor ☐ Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). ☐ Attorney or Agent of record. Registration Number 28666.	
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number .	
Typed or Printed Name Ira J. Schultz	
Signature Set TSet	
Date 3-4-05	Telephone (703)837-9600, ext. 23
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.	
Total of forms are submitted.	

Fax to: (703)872-9308